



**Athletic Participation Form  
Parental and Student Consent and Release  
For High School Level (grades 9-12) participation**

KHSAA Form GE04  
High School Parental Permission and  
Consent  
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*The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.*

**ATHLETE INFORMATION (This part must be completed by the student and family)**

Name (Last, First, Initial) \_\_\_\_\_ School Year \_\_\_\_\_

Home Address (Street, City, State, Zip): \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place (County, State): \_\_\_\_\_

**School Attendance History**

Grade	School Name	School Year	Varsity Play -- (Yes/No)?
9			
10			
11			
12			

**I am planning to participate in the following (check all you might try to play):**

- |                                      |                                       |  |  |                                     |                                    |
|--------------------------------------|---------------------------------------|--|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Baseball    | <input type="checkbox"/> Basketball   | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football          | <input type="checkbox"/> Golf       | <input type="checkbox"/> Soccer    |
| <input type="checkbox"/> Softball    | <input type="checkbox"/> Swimming     | <input type="checkbox"/> Tennis        | <input type="checkbox"/> Track and Field   | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Archery     | <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Bowling       | <input type="checkbox"/> Competitive Cheer | <input type="checkbox"/> Dance      |                                    |
| <input type="checkbox"/> Other _____ |                                       |  |  |                                     |                                    |

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_  
Name (please print) \_\_\_\_\_ Relation to Student \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact Address, including City, State and Zip \_\_\_\_\_

\_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 12)**

*Prior to participation in practice or contests (including trying for a place on a team) in any sport or sport activity during the limitation of seasons as defined in Bylaw 23, all students are required to have medical insurance with coverage limits of at least \$25,000. If this coverage is provided through the school, contact the Principal or Athletic Director regarding any potential claim. Individual schools and districts may impose additional requirements for insurance or coverage during additional periods for activities outside of Bylaw 23.*

\_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy Number / ID Number \_\_\_\_\_ Group Number \_\_\_\_\_ Plan \_\_\_\_\_

**EMERGENCY TREATMENT INFORMATION**

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

\_\_\_\_\_  
Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY  
RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the

muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws by distribution under the handbook links at <http://khsaa.org/>. Please be aware that a student is subject to the one-year period of ineligibility the bylaw commonly referred to as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have medical insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

### **STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM**

\_\_\_\_\_  
Students' Name (please print)

\_\_\_\_\_  
School

\_\_\_\_\_  
Student and Parent/Guardian Address including City, State and Zip

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

\_\_\_\_\_  
Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s) who has/have custody of this student

\_\_\_\_\_  
Date